

Betty Cuanalo  
Human Biology 1090-006  
Tu & Th 11:30-12:45  
Fall 2011  
Taking Sides

### **Should Doctors Prescribe Drugs Based on Race?**

1. Major point on the **Yes** side, is that race presents a very useful diagnostic role when determining whether a drug is more likely to be effective based on race, “when it comes to practicing medicine, stereotyping often works”
2. Major point in the **No** side, is presenting that due to race is politically incorrect and introduces many different issues to society. It implies that race should not determine the methods that nowadays doctors use to treat patients.
3. One fact presented by the **Yes** side is that a study revealed that Enalapril, a treatment for chronic heart failure, was less helpful to blacks than to whites. Showing in several research that “when it came to their black patients, one drug was more likely to be effective than another”.  
Second fact, Doctor Satel presents that almost everyday at the Washington drug clinic where she works, race plays a useful diagnostic clinic.
4. One fact presented by the **No** side, is that BiDil was the first drug approved by the FDA for race specific in people who self identify themselves as black.  
Second fact, Physicians have debated whether or not treatments for tuberculosis work as well in American Indians as they did in whites.
5. One of the opinions presented by the **Yes** side would be implying that “when it comes to practicing medicine, stereotyping often works”.

Second opinion, implies that many human genetic variations tend to cluster by racial groups, “skin color itself is not what is at issue”, is the evolutionary history indicated by skin color.

6. An opinion presented by the **No** side, is that the idea that different races of different backgrounds should be treated differently is an ancient one back to the Hippocratic authors of ancient Greece.

Second opinion is implied that all human beings, regardless of race are more than 99.9% the same.

7. Fallacy on the **Yes** side or misleading statement would be the clinical experience and pharmacological research show that blacks metabolize antidepressants more slowly than Caucasians and Asians. I believe the author should provide more information or a source to back up this statement. I was not able to verify this information stated by the Yes side.
8. Fallacy on the **No** side, I could not really find any fallacy in this article presented by Dorr and Davis S. Jones.
9. I agree in my opinion with the **No** side, However, race should be considered to determining the best treatment for a patient. Although, I strongly believe that it should not be approach as a racial profiling and issue.
10. I believed, after doing some research that Dorr/Jones article had more accurate truth, their statements had more references included in their thesis. They presented more empirical and accurate work towards the issue.
11. Dr. Satel, seemed to be based more on her daily activities and experiences working in a clinic without presenting more facts from actual research's as opposed to Dorr/Jones thesis.